

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/116589

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52		1				
3	1						53	1					
4		3					54		1				
5		3					55		1				
6	1						56		1				
7		1					57		1				
8		1					58		1				
9		1					59		1				
10	1						60		1				
11		1					61		1				
12		1					62						
13		3					63						
14	1						64						
15		1					65						
16		1					66						
17		3					67						
18		3					68						
19		1					69						
20		1					70						
21	1						71						
22		1					72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28	1						78						
29	1						79						
30	1						80						
31	1						81						
32	1						82						
33	1						83						
34	1						84						
35	1						85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44	1						94						
45	1						95						
46		2					96						
47		2					97						
48	1						98						
49	1						99						
50		2					100						
TOTAL IND.							TOTAL IND.	19					
TOTAL DEP.							TOTAL DEP.	65					
TOTAL CLAIMS							TOTAL CLAIMS	84					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS